

Email sent to Dr. Corcoran 9/5/06

Hi Martha,
You back?

Question....confidential kind of question.

On Wednesday PM I was greeted by three patients who had been admitted verbally by Liam via ER the previous night while he was on call: A nose bleed with bilateral rhino rockets; a peritonsillar abscess; and a facial cellulitis. Plus a couple ward consults of my own that day. One resident called Liam next morning (Wed) about one of the patients, and he said he had to be on an airplane in three hours. He did his Wed. AM Richmond clinic that morning, but did not come in to see any of the three patients admitted while he was on call. Worse, he did not call me and tell me they were there, or ask if I would see them, yada. In the past, he and I have discussed the desirability of "signing out" to each other when we have hospitalized patients.

Anyway, I mentioned the peritonsillar abscess to Javaherri when I signed out to him for Labor Day weekend. He was amazed that the peritonsillar guy was needlessly admitted to the hospital for several days instead of being seen in the ER, which is what the two of us do. I don't have a problem with other docs admitting a peritonsillar overnight if stable, etc., and seeing the patient in the morning (or asking me to), but Java and I think ER l&D is the ideal treatment method. That's philosophical, I know.

About the nosebleed. She came into the ER at 11 AM. Liam was in Martinez clinic, on call, and was notified mid-afternoon she was actively bleeding. Apparently the ER docs put in the rockets. Liam didn't see her before, during, or after the clinic, and did not see her the next morning, or contact me about it. Not acceptable.

I removed the packs next day, prepared to cauterize an anterior bleeder, and didn't see one. She went home, but had a significant blood loss to about 10.0 Hb.

The best one: A guy with facial cellulitis admitted while Liam was on call. I saw him next afternoon, and thought it probably MRSA. Kept him in the hospital for a couple days on heat/IV AB, since he had already been admitted. Thought he was going home over week-end. Didn't. Got a call a few minutes ago from a resident who said she had just called Liam in Martinez clinic right now (Tues PM). He told her that since it was my patient and I had seen him and established a relationship, yada... This is the cellulitis patient that came in the ER while he was on call. I called Liam who agreed to see the patient (with a bit of reticence), but said he would rather not because he had "no basis for comparison."

The QUESTION is: what do you think is the most non-confrontational way of letting Liam know that this is not acceptable behavior toward colleagues, and there are standard of care issues? Let me know your thoughts. These are not the first examples, but an interesting "cluster." I would appreciate confidentiality in the above regard. Let me know. Thanks, Bob

>From: Martcorc@aol.com
>To: crobertpettit@msn.com
>Subject: Re: stapes, etc.
>Date: Wed, 30 Aug 2006 13:36:48 EDT

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>I am sorry that I don't have time to investigate your question before my
>trip. I think your best bet would be to schedule when Liam is around or when I
>am around. I am certain Java hasn't done a Stapes for 20 yrs!
>Elores Johnson is still a "potential" candidate for total lx, BOT resection
>with necks?
>If colon is OK then send her to UC PLEASE. I am not up for that little
>ditty when I get back.
>
>Thanks so much
>Hope it is quiet, airways are patent, heart rates in the 80s
>Martha